

Title: Bend Surgical Block Calendar Request Process and Block Utilization Reporting Guidelines	Document #: 3653 Version: 2
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Policy Statement:

To describe the process for requesting or modifying surgical block time and preparation and distribution of block utilization information

Definitions: (*Definitions of acronyms or specialized terminology*)

Block Time: The routine, reserved time set apart for specific surgeons or groups* of surgeons to pre-schedule cases. This time is exempt from first-come, first-served scheduling until the time of “block release.”

Block Days:

Block days will be assigned as follows:

- Specified day of the week (e.g., every Thursday) which would allow 1st, 2nd, 3rd, 4th and 5th specified day of every month.
- 1st and 3rd specified day of the week (e.g., every 1st and 3rd Thursday)
- 2nd and 4th specified day of the week (e.g., every 2nd and 4th Thursday)

OR Governance:

The OR governance committee is an extension of the existing OR Block Utilization Committee. Their purpose is to provide physician peer review and intervention with physician actions that have been addressed by perioperative services leadership but remain unresolved.

The *ad hoc* contingent will be asked to retrospectively review and assess physician compliance problems not resolved by the block committee; to provide professional opinion on the issues; and to counsel those physicians in violation of the language and/ or the intent of the policies. It is not intended to be punitive, but rather to provide a professional resource to help resolve issues. If there are continuing issues the committee and *ad hoc* members could jointly recommend action up to the PPEC or other relevant body.

Group Block: Formal or informal groups who agree to manage and fill block time by negotiating and allocating block time among themselves first, then scheduling with the OR Schedulers. Examples include East Cascade Women’s Group (same clinic, same specialty) and the DaVinci robot/ room (shared resource that spans multiple specialties).

Leave of Absence: Surgeon’s notice of an upcoming period of absence from that surgeon’s assigned surgery block for any period greater than 28 calendar days. A leave of absence may occur either within a group block or for an individual surgeon.

First-come First-served Time: The time set apart for surgeons who do not have block time remaining after they fill their block and then need additional time, surgeons who do not have block time, or for surgeons whose block has been released and assigned to another surgeon. FCFS time is to be scheduled on a first-come, first-served basis in sequential order. First Come First Served time can be requested / assigned in half-day, full-day, or to-follow increments.

Out of Block Time (OOB): Surgeries performed at a time and/or day other than the surgeon's or group's pre-assigned block time. These include cases performed on weekends, ST. CHARLES - BEND-approved holidays, as well as the time prior to and after pre-established block times.

Reclaimed Block Time: Any surgical block time not scheduled with surgical cases within ninety six (96)) hours prior to the start of the surgical block will be involuntarily returned to the OR Schedule, and made available for first come- first served use.

The first 48 hours will be reserved for within-specialty FCFS

The last 48 hours will be released to general FCFS.

Reclaimed blocks count against the surgeon's utilization statistics.

Released Block Time: Surgeon's assigned block time that is voluntarily given up due to that surgeon's notification of an upcoming short-term absence or inability to fill block time.

Voluntarily released time does not count against the surgeon's utilization statistics. Surgeons who have released their blocks are eligible for FCFS time.

Rescinded Blocks: Assigned blocks that have been permanently reclaimed by the hospital due to voluntary permanent release or chronic underutilization.

Utilization Review: Process by which the Block Utilization Committee and *ad hoc* members retrospectively look at physicians' use of the resources, available OR time, use of "expedited" classification, and other aspects of OR stewardship.

Instructions:

REQUEST NEW BLOCK TIME OR CHANGE IN BLOCK TIME:

Qualifying for block time: Surgeons without assigned block time (eg. new to the community, or change in practice leading to need for more OR time) must establish utilization through use of available open (first come first served) time. (See [Scheduling Surgical Cases for Bend Only](#) regarding FCFS time). Time can be in full day blocks, every week, every other week, or once per month. Utilization is tracked monthly; requests for block time and utilization of that time at 70% or greater for 90 days will qualify the requestor for permanent block assignment.

Request Block Time or Change in Block Time: Complete the "St. Charles – Bend Surgical Block Scheduling Request" form and return to the Director of Perioperative Services or Administrative Assistant for Perioperative Services no later than the Monday prior to the third Thursday of the month.

After Request is Made: The request is presented at the next Block Utilization Committee meeting held the third Thursday of each month.

Outcome of Request: A letter will be sent to the requestor within seven working days of the Block Utilization Committee meeting stating whether the request has been approved, denied or approved with modification.

If the request is denied, the request will be reviewed each month for five months after the original request is reviewed, and an update on the status will be communicated to the requesting surgeon. If block time becomes available during the five months after the initial request is denied, a letter will be sent to the surgeon or group asking if they want the specified block time described in the letter. If no block time becomes available during the five months after the initial review and denial, the surgeon or group will be contacted by phone and asked if they want to keep the request active. If the surgeon or

group wants to keep the request active, the original date of the request will remain intact and the request will be extended for an additional six months. If the surgeon or group does not want to keep the request active, the request will be canceled.

EXTENDED RELEASE OF BLOCK TIME

If a surgeon wishes to release the block for an extended period of time, s(he) is asked to submit Form 21797 "Surgeon's Block Relinquish Notification Fax" and fax to the fax number indicated on the form. *Relinquished time is not counted into the block statistics.*

Surgeons or groups may relinquish in full block increments only.

When a block is relinquished, the block time automatically becomes St. Charles - Bend open time and is reassigned according to this policy.

In the case of a Leave of Absence (LOA), the surgeon should notify Medical Staff Services Office following the Medical Staff Services by-laws. When a surgeon requests a LOA, a copy of the request will be forwarded to the Director Perioperative Services. St. Charles - Bend will hold the block(s) for up to six months during an extended LOA.

COMPUTING BLOCK TIME

For statistical purposes, only minutes worked within a stated block time count towards utilization. All other minutes are considered "Out of Block" minutes. Block utilization statistics are not negatively impacted by room turnover times.

St. Charles- Bend approved holidays are not counted as block minutes for statistical purposes. If a surgeon's or group block falls on a St. Charles - Bend approved holiday the block minutes are automatically deducted from the "possible minutes" for the month in which the holiday falls.

REPORTING BLOCK TIME USAGE

Block statistics are reported on a calendar-year quarterly basis. The letters are generated approximately three (3) weeks after the end of the quarter. The following statistics are included in the quarterly letters:

- The current block time(s) for the surgeon or group
- Current Utilization: Block Minutes Worked/Total Block Minutes Available
 - Block minutes available = all Non-Released block minutes
- Released and Reclaimed Surgical Blocks for the Quarter
- Total Surgical Block Minutes Utilized for the Quarter
- First Case On Time Starts data for the Quarter
- Ad Hoc reports may include:
 - % of U/E/X add-ons
 - Results of pertinent retrospective reviews of U/E/X add-ons
 - Booked vs. Actual OR times

GOALS FOR BLOCK UTILIZATION

It is the goal for the surgeon or group to maintain at least 80% utilization of block time, or greater, within each quarter. If a surgeon or group achieves less than 80% block time utilization within a quarter, the Block Utilization Committee will review the block utilization and may make recommendations to the surgeon or group.

ISSUES THAT NEGATIVELY IMPACT A SURGEON OR GROUP BLOCK UTILIZATION

Block utilization is adversely impacted by:

Surgeon-related first case late starts: Surgeons are expected to arrive 15 minutes before the scheduled start time. Late arrivals that delay start times will be counted in the utilization statistic. Cases delayed for other reasons do not count against the surgeon.

First-case cancellations

Failure to release blocks: Blocks not timely released count directly against the surgeons' utilization statistic.

Utilization Review

The Block Utilization Committee will routinely review utilization. Thresholds for action:

Routinely at or above 95%, with high add-on volumes = Recommend additional block time

70 – 94% - No change recommended.

50-69% - monthly review of utilization and add-ons; discuss with physician if indicated.

30-49% - as above; actively work with physician to reduce / adjust block allocation to improve utilization (e.g. "buddy block", reduce to every other week, etc.)

Below 30% - rescind block and encourage use of FCFS time.

Utilization that falls below 70% three times in any rolling 12-month period is subject to reduction or loss of assigned block time.

IF BLOCK TIME IS RESCINDED

A surgeon or group may reapply for block time. The Director of Perioperative Services and Medical Director of Perioperative Services will review past usage and current surgical minutes to determine appropriate action.

MAINTENANCE OF THE BLOCK CALENDAR

The block calendar is maintained by the Information Coordinator in Perioperative Services. The calendar represents all operating rooms. The calendar will be published each month with an effective date of the first of each month.

The calendar is distributed to: The Perioperative Services Director, Managers, Charge Nurses, Schedulers, Specialty Coordinators, Supervisors, Chief of Anesthesia and any other appropriate caregivers.

References: *(Documents or Regulatory Requirements to which this document refers, is linked to within Document Library, or from which the document was created.)*

[Surgeon's Block Relinquish Notification Fax](#)

[Surgical Block Scheduling Request](#)

[Scheduling Surgical Cases for Bend Only](#)